

Name of Organization	
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### ***Form B: Project Summary***

	Annual Operating Income (last completed year)	Closing Date of Fiscal year
Implementing Organization		
Fiscal Agent (if applicable)		

Title of Project	
Projected Income	
Projected Expenses	
Your CCSD Request (see below)	
Project Dates	
Brief Description of Project:	

If the project occurs in more than three locations, please prepare and submit a table similar to the one below with all of the locations listed therein:

Name and address of each project location	City Council District

**CCSD Requests** (See page 10 for more information.)

- **Project Budgets greater than \$30,000** may request one fourth (25%) of the proposed project's cash expenses.
- **Project Budgets of \$30,000 or less** may request one third (33.3%) of the proposed project's cash expenses, and it must be able to demonstrate an amount equal to its request in cash contributions. The maximum amount that an organization with a project budget less than or equal to \$30,000 could request would be \$10,000. Either match that \$10,000 with \$20,000 in cash or match that \$10,000 with a minimum of \$10,000 in cash and the remainder (up to \$10,000) in in-kind contributions.

**Applicants are strongly encouraged to request  
the maximum that they are allowed to request.**